#40 Oconto Co Nicolet State Trail Rehab

State of Wisconsin Department of Natural Resources dnr.wi.gov

Due Date: April 15

Motorized Recreation Grant Application

For: (choose all that apply)

Form 8700-159 (R 02/2024)

Page 1 of 5

STATE OF THE STATE

| Notice: | ompletion of this form is required under Wisconsin Statutes 23.09(26) and 23.33. Failure to complete this form will result in denial of |
|-----------|---|
| financial | ssistance. Personally identifiable information found on this form is not intended to be used for any other purpose. The Department of |
| Natural F | esources (DNR) may provide this information to requesters as required by Wisconsin's Public Records law (ss. 19.31 – 19.39, Wis. Stats.). |

| financial assistance Natural Resources | e. Personally identifia (DNR) may provide t | able information foun his information to re | d on this form questers as re | is not inte quired by | ended to b Wisconsir | e used fo n's Public | or any other Records la | purpose. w {ss. 19 | The D 31 – 19 | epartment of 9.39, Wis. Stats. | |
|---|--|--|----------------------------------|--|--|-------------------------|----------------------------|-----------------------|------------------|--|--|
| Instructions: Applications may combine more than one source of be submitted for consideration of traditional ATV, UTV, Snowmobile Stewardship funding. Submit one copy of all forms and attachments necessary attachments. Send applications to your Community Serv | | | | and Mot See Pa | orized ge 2 for | Catego | | NR Use | | Number | |
| | licant Information | | | | | | | | | | |
| Applicant / Organ | nization Name | | | Check R | ecipient: | Individua | al other tha | n authori | zed inc | dividual to act | |
| Oconto County | | | | on behalf of the applicant. Select if the same as applicant. | | | | | | | |
| Individual Authorized to Act on Behalf of Applicant per Resolution | | | | Check Recipient Name (Name to Appear on Check) | | | | | | | |
| Monty Brink | | | | Oconto | County | Treasu | re 🔨 | | | | |
| Title | | | | Title | | | | | | | |
| Forest, Parks an | nd Recreation Ada | ministrator | | Treasur | e r | | | | | | |
| Address | | | | Address | | | | | | | |
| 301 Washingto | n St | | | 301 Wa | shingto | ı St | | | | | |
| City | | State ZIF | Code | City | | · | | (| State | ZIP Code | |
| Oconto | | WI | 54153 | Oconto | | | | | WI | 54153 | |
| Telephone Numb | er | Email Add | ress | | | | | | | | |
| 920-834-6995 | | monty.br | ink@co.oco | onto.wi.ı | ıs | | | | | | |
| | ect Information R | equired for all Pr | ojects | | | | 4 | | | | |
| Project Title | | | | | | | ed Miles | New Mi | es (if a | applicable) | |
| Nicolet State T | rail Rehab | · · · · · · · · · · · · · · · · · · · | <u> </u> | | 111.4 | | | | | | |
| County | Т | ownship Range | ⊝E Section | n 1/4 1/4 | 1/4 | GPS Lat. | Coordinate | s: | | | |
| Oconto | X | | Ow | 7 | | | | | | | |
| Project Descript | tion Summary | | <u>'</u> | | | I | <u>-</u> | | | | |
| Oconto County | proposes to place | e 1 1/4 inch crusl | ned gravel o | over 6.3 | miles of | trail ov | er 7 diffe | rent loca | ations | on the | |
| Nicolet State T | rail. These areas l | have not received | l gravel sinc | ce the m | ost recer | it portio | ons did in | 2017. D | ue to | the high | |
| amount of trail | use these areas ge | et torn up easily | and are requ | iiring m | ore grav | el to res | store the t | rail cond | ditions | š. | |
| | ost Estimate= \$90 on-80%=\$72,476. | • | | | | | | | | | |
| | all maintenance lan | d use agreements | are on file. | | | | | | | | |
| Estimated Cost Maintenance | Acquisition | Insurance | Developme | | ridge Re | hab. | Trail Reha | ab. ,119.04 | | Estimated Cost 8 , 119 .04 | |
| | | Le | ave Blank - | DNR Us | e Only | | <u> </u> | | er je | the state of the s | |
| Applicant Certi | fication | | | | 2 m ² 1 2 m ² 1 2 m ² 1 | | | | | | |
| | Authorized Official | -, , , | | Officia | l's Title | | | | | | |
| Monty Brink | | | | Forest, Parks and Recreation Administrator | | | | | | | |

As the applicant's authorized official, را, certify that, to the best of my knowledge, the information in this application is true and correct.

Signature of Authorized Official

Motorized Recreation Grant Application

Form 8700-159 (R.02/2024)

Page 5 of 5

| Appendix B – Required for Trail/Qualified Troute Rehab, Reroute, or Development | | | | | | | | |
|---|---|--|--------------------|----------------|---------------|-------------------------------|---------------------------------------|--|
| | ab 🔲 Qualifi | ed Troute | New Trail | ☐ Tr | rail Rero | ute (Mandai | tory or Discretionary) | |
| County | | | | | | | | |
| Oconto | ₹ | и Ow | • | - | Lat. Long. | , | | |
| Funded Trail Nam | e or Number (SNARS | if applicable) | | | | | rehabilitation funds in the | |
| Nicolet State Tr | | | past? | ⊕ Ye | - N-N- | No Year: | | |
| Trall is located on | | | f Easement or Lar | | - | reement | Expiration Date | |
| O Private pri | | perty | State E | aseme | | years | None | |
| Landowner Where | : Trall is Located | · | | | Telepho | ne Number | | |
| WI DNR | | | | | | 920- | -834-6995 | |
| | tional trail uses are pla | | | | | | | |
| | Winter Snowmobile, | | New Cold | | New York | | | |
| | Recreational uses plan | nea, now much of the | e trail developmen | urenap | . COST WII | i be paid for i | ay other users? | |
| RTP- 80%- \$72 | | and the section of the section | ra bassi into son | and the second | | - 402 | | |
| now many miles | would be affected if this | s project is not funded | I? Will this res | uit in c | iosure or | | es (•) No | |
| To tiple a original co | 111.43 ction to the overall trail | cuctom? | a reasonable alte | | -71 | 0. | | |
| io ulio a Cilical oc | | | а геавопаріе ан | amauve | 2: | | | |
| | • 1 | es O No Nome | | | | | | |
| _ | | Inches to a second | | | | | | |
| Does any section contain a bridge? | | Will this bridge requ or in the next few ya | | | | Vhat is the w rading equip | elght of your puller & drag/ ment? | |
| warmen a manage. | Yes No | Service Transfer you | (e) re | • 0 | NO S | harmal calarla | lbs | |
| | | | | | | | | |
| O Yes ⊕ No | Have you contacted y | our local <u>DNR Water</u> | Management Spe | edalist | (WMS) re | egarding a pe | armit? | |
| O Yes ⊕ No | o Is a permit needed? (Please provide any written correspondence from WMS.) | | | | | | | |
| Yes ○ No | Yes O No Will this project be located near or cross any intermittent or perennial waterway? Surface Water Data Viewer | | | | | | | |
| Yes ○ No | No Will this project be located near or cross any wetland? | | | | | | | |
| Yes No Will this project involve land disturbance – including clearing and grubbing – of 1 acre or more of land? (Less than 4/10th mile for a typical trail) <u>DNR Storm Water Contact List</u> | | | | | | | | |

Trail Project Detailed Description

Oconto County proposes to place 1 1/4 inch crushed gravel over 6.3 miles of trail on the Nicolet State Trail for the amount of \$90,595.20. The gravel will be placed in a depth of 4 inches to fill in all low areas and provide a smooth base for all users. These areas have not received gravel since the most recent portions did in 2017. Due to the high amount of trail use these areas get torn up easily and are requiring more gravel to restore the trail conditions. The Nicolet State Trail is open to summer ATV, winter Snowmobile and other non-motorized rec users.

State of Wisconsin Department of Natural Resources PO Box 7921, Madison WI 53707-7921 dnr.wi.gov

Project Name:

Recreation Grant Project Cost Estimate Worksheet

Form 8700-014 (R 07/14)

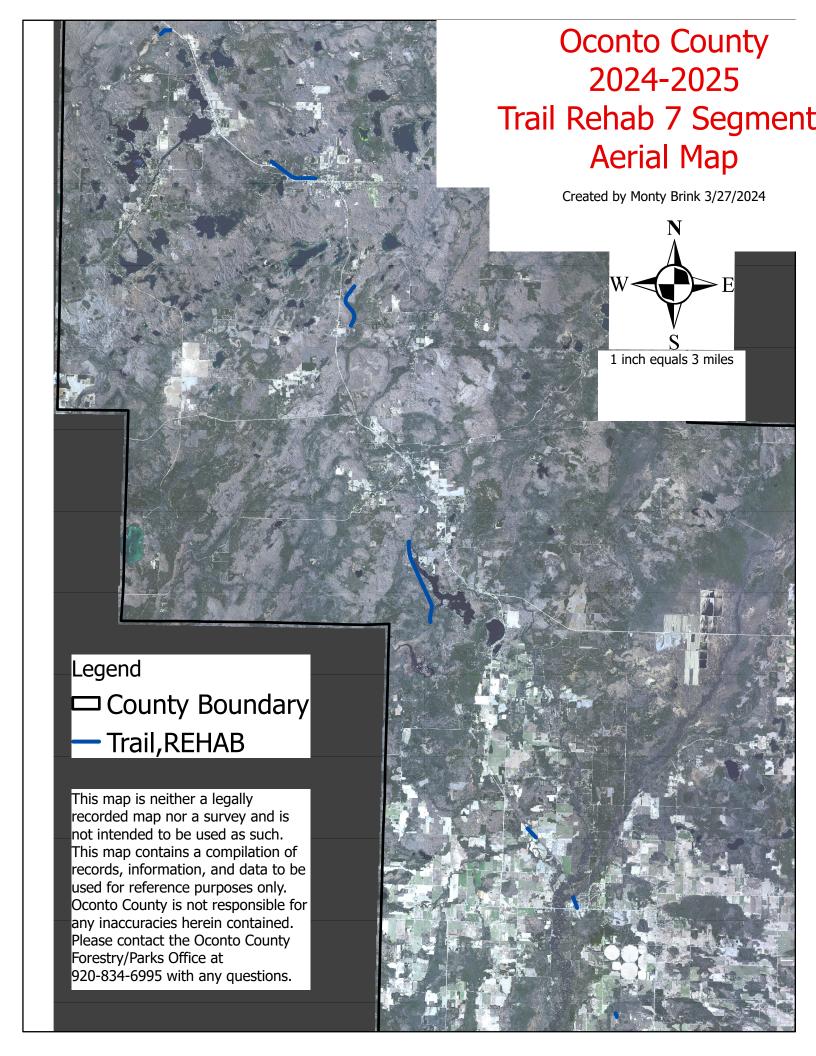
Page 1 of 6

Date

For use with Recreation Grant Application Forms

Prepared By:

| NST Trail Rehab | | Monty Brink | | | | | |
|------------------------------------|--|-------------|--------------------|--------------------|------------------------------|--|--|
| | roject Applicant: | Landown | Public | | | | |
| Oconto 🔽 (| Oconto County | WI DNF | ₹ | O Private | | | |
| | | | | | | | |
| Indicate - (C) Cont | ract , (F) Force Acct., (D) Donated | | | | | | |
| DEVE List by individ (See It | LOPMENT PROJECT ITEMS dual item or break down by Use Areas em List On Back Of This Form) | Quantity | Unit of Measure | Component Costs | Estimated Total Item Cost | | |
| C Mountain Stone C | Gravel | 400 | loads | \$160.20 | \$64,080.00 | | |
| F Equipment Truck | x 2 | 12 | days | \$1,200.00 | \$14,400.00 | | |
| F Labor x 2 | | 12 | days | \$1,009.60 | \$12,115.20 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | TOTAL\$ | | | |

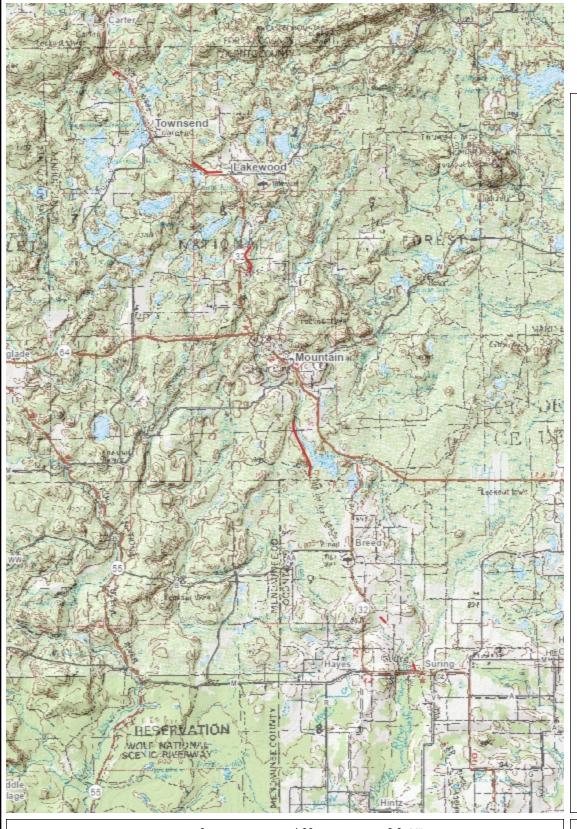




Trail Rehab Segments - Topo Map



Legend



8.0 0 4.00 8.0 Miles 1: 253,440

NAD_1983_HARN_Wisconsin_TM

DISCLAIMER: The information shown on these maps has been obtained from various sources, and are of varying age, reliability and resolution. These maps are not intended to be used for navigation, nor are these maps an authoritative source of information about legal land ownership or public access. No warranty, expressed or implied, is made regarding accuracy, applicability for a particular use, completeness, or legality of the information depicted on this map. For more information, see the DNR Legal Notices web page: http://dnr.wi.gov/legal/

Notes





